

**ROSS FY 2000 FUNDING
RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT**

Applicant: _____ **Date:** _____

6. Proof of Applicant Nonprofit Status. You must submit evidence that your organization are registered with the State as a nonprofit corporation at the time of application submission. Evidence of State incorporation/registration for all applicants shall be a copy of the Certificate of Incorporation or Certificate of Good Standing from the State government (Secretary of State or Secretary of Corporations).

In addition, **CWROs only** must have Section 501(c) nonprofit corporation status with the United States Internal Revenue Service at the time of application submission. Evidence of 501(c) status shall be a copy of the IRS 501(c) designation.

7. Certification of Resident Council Board Election. You must submit certification of the Resident Organization board election as required by HUD, signed by the local PHA and/or an independent third-party monitor and notarized.

CERTIFICATION OF RESIDENT COUNCIL BOARD ELECTION

I CERTIFY that _____
(name of organization)

located in _____ has duly elected
(city & state)

all of the Resident Council Officers as required by the U.S. Department of Housing and Urban Development, 24 Code of Federal Regulations, Part 964.

Date of Last Resident Council Board Election: _____.

(Name and Title of Certifying Housing Agency Official)

(Signature) (Date)

(Name and Title of Independent Third-Party Monitor)

(Signature) (Date)

NOTARY (Signature & Date)

Applicant:

List of Resident Associations Participating with the City-Wide Resident Organization
(Only City-Wide Resident Organization Applicants Need to Complete and Submit this Chart)

[illegible]

**ROSS FY 2000 FUNDING
RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT**

**Certification of Consistency and Compliance with General
SuperNOFA Threshold Requirements**

I CERTIFY that the proposed RMBD activities will be consistent with the following and comply with all statutes, regulations, and U.S. Department of Housing and Urban Development guidance related to the following:

1. **Economic Opportunities for Low and Very Low-Income Persons.** Section 3 of the *Housing and Urban Development Act of 1968*, 12 U.S.C. sec. 1791u, Economic Opportunities for Low and Very Low-Income Persons; HUD regulations at 24 CFR part 135, including but not limited to subpart E and G reporting requirements; and any Section 3 employment, housing opportunity, or other plan adopted by the Housing Agency.
2. **Affirmatively Furthering Fair Housing.** Affirmative duty to further fair housing, including elimination of impediments to fair housing; the local jurisdiction or regional Analysis of Impediments to Fair Housing Choice; and the affirmative duty to carry out activities proposed specifically in the RMBD application to address the furtherance of fair housing.
3. **Uniform Relocation.** *Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970*, as amended (URA) and implementing regulations at 49 CFR part 24.
4. **Nondiscrimination.** The *Americans with Disabilities Act*, Title IX of the *Education Amendments Act of 1972*, *Fair Housing Act*, Title VI of the *Civil Rights Act of 1964*, section 504 of the *Rehabilitation Act of 1973*, and the *Age Discrimination Act of 1975*.
5. **Cost Principles.** OMB Circular No. A-122 (Cost Principles for Nonprofit Organizations) or OMB Circular No. A-87 (Cost Principles for Local Units of Government), as appropriate.

Signed this _____ day of _____, 2000.

By: _____
President of Resident Organization or Other Authorized Representative

For: _____
Applicant

**ROSS FY 2000 FUNDING
RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT**

Chart A: RMBD Grant Staffing

Applicant Name: _____

I. Applicant (RA or CWRO)

Name of Staff Person	Organization and Position	Role in Grant Program	Percent of Time on Grant	Cost to Grant

II. CONTRACT ADMINISTRATOR

Contract Administrator to be Solicited	Role in Grant Program	Estimated Cost to Grant Program
II. CONSULTANT(S)/TRAINERS/SVC. PROVIDERS/OTHER EXPERTS		
Consultants/Trainers to be Solicited	Role in Grant Program	Estimated Cost to Grant Program

Chart B: RMBD Applicant/Administrator Track Record
Applicant:

Program	Project No.	% of Term Complete	% of Funds Drawn Down	Major Goal #1	% Complete	Major Goal #2	% Complete

**ROSS FY 2000 FUNDING
RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT****CHART C
RMBD BUDGET LINE ITEM SUMMARY****Applicant Name:** _____ **Date:** _____

Please check the following as appropriate for your proposed program.

Resident Management and Business Development

- | | |
|------------|--|
| _____ 1010 | Physical Improvements |
| _____ 1020 | Resident Business Development |
| _____ 1021 | Develop Business Plan |
| _____ 1022 | Conduct Market Analysis |
| _____ 1023 | Licensing, Insurance Bonding |
| _____ 1024 | Training Related to Resident Owned Business |
| _____ 1025 | Establishment of Resident Managed Business Development |
| _____ 1026 | Technical Assistance |
| _____ 1030 | Resident Organization Development Activities |
| _____ 1031 | Organize Community |
| _____ 1032 | Operating Procedures |
| _____ 1033 | Develop MOU |
| _____ 1034 | Develop Plan for Technical Assistance |
| _____ 1035 | Consultant Contracts |
| _____ 1036 | Self Sufficiency Programs |
| _____ 1040 | Resident Management |
| _____ 1041 | Conduct Feasibility Study |
| _____ 1042 | Secure Training/Skills/Expertise |
| _____ 1043 | Develop MOU |
| _____ 1044 | Secure T/A to Draft Contract |
| _____ 1045 | Negotiate Contract with PHA |
| _____ 1046 | Conduct Resident Training/Preparation |
| _____ 1050 | Self Sufficiency Program |
| _____ 1051 | Employment and Job Readiness |
| _____ 1052 | Job Training |
| _____ 1053 | Management Related Employment Training |
| _____ 1054 | Vocational Training |
| _____ 1055 | Technical Assistance |
| _____ 1060 | Supportive Services |
| _____ 9100 | Travel Costs |
| _____ 9200 | Other Resident Costs (Stipends, Reimbursements) |
| _____ 9300 | Contract Administrator |
| _____ 9400 | Administrative and Other Costs |

Chart D: RMBD Budget Workplan Summary – Part I (cont'd) Applicant: _____

BUDGET LINE ITEM For each bolded line item, enter total grant funds	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	RMBD GRANT FUNDS	NON-RMBD/ PARTNER FUNDS	ACTIVITY START/END DATES
1030 Resident Org. Dev. Activities TOTAL: \$				
1031 Organize Community				
1032 Operating Procedures				
1033 Develop MOU				
1034 Develop Plan for Technical Assistance				
1035 Consultant Contracts				
1036 Self Sufficiency Programs				
1040 Resident Management TOTAL: \$				

Chart D: RMBD Budget Workplan Summary - Part I (cont'd) Applicant:

BUDGET LINE ITEM For each bolded line item, enter total grant funds	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	RMBD GRANT FUNDS	NON-RMBD/ PARTNER FUNDS	ACTIVITY START/END DATES
1041 Conduct Feasibility Study				
1042 Secure Training/Skills/Expertise				
1043 Develop MOU				
1044 Secure T/A to Draft Contract				
1045 Negotiate Contract with PHA				
1046 Conduct Resident Training/ Preparation				
1050 Self Sufficiency Program Total: \$				

Chart D: RMBD Budget Workplan Summary - Part I (cont'd) Applicant: _____

BUDGET LINE ITEM For each bolded line item, enter total grant funds	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	RMBD GRANT FUNDS	NON-RMBD/ PARTNER FUNDS	ACTIVITY START/END DATES
1051 Employment and Job Readiness				
1052 Job Training				
1053 Management Related Employment Training				
1054 Vocational Training				
1055 Technical Assistance				
1060 Supportive Services TOTAL: \$				
9100 Travel Costs TOTAL: \$				
9200 Other Resident Costs (Stipends, Reimbursements) TOTAL: \$				

Chart D: RMBD Budget Workplan Summary - Part I (cont'd) **Applicant:** _____

BUDGET LINE ITEM For each bolded line item, enter total grant funds	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	RMBD GRANT FUNDS	NON-RMBD/ PARTNER FUNDS	ACTIVITY START/END DATES
9300 Contract Administrator TOTAL: \$				
9400 Admin. and Other Costs TOTAL: \$				

Chart D: RMBD Budget Workplan Summary - Part II

Please insert below the totals for each Summary Budget Line Item to be included in your grant. These totals can be found in the far left column on Part I of the chart above.

SUMMARY BUDGET LINE ITEMS	RMBD GRANT TOTAL
1010 Physical Improvements	\$
1020 Resident Business Development	\$
1030 Resident Organization Development Activities	\$
1040 Resident Management	\$
1050 Self Sufficiency Program	\$
1060 Supportive Services	\$
9100 Travel Costs	\$
9200 Other Resident Costs (Stipends, Reimbursements, etc.)	\$
9300 Contract Administrator	\$
9400 Administrative and Other Costs	\$
TOTAL of all RMBD Funds Requested	\$

ROSS FY 2000 FUNDING**CAPACITY BUILDING AND/OR CONFLICT RESOLUTION****APPLICATION CHECKLIST**

I CERTIFY that the following application checklist is complete and that it accurately reflects the contents of my application.

Signed this _____ day of _____, 2000.

By: _____
Applicant Chief Executive Officer or Other Authorized Representative

For Applicant: _____

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
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Cover Materials

(See Part II of this application kit for forms in this tab.)

- | | | |
|---|-------|-------|
| <input type="checkbox"/> Table of Contents | _____ | _____ |
| <input type="checkbox"/> Application Checklist | _____ | _____ |
| <input type="checkbox"/> Application Cover Sheet | _____ | _____ |
| <input type="checkbox"/> Application for Federal Assistance
(Standard Form SF-424) | _____ | _____ |
| <input type="checkbox"/> Federal Assistance Funding Matrix
(Standard Form SF-424M) | _____ | _____ |
| <input type="checkbox"/> Budget Information —Non-Construction
Programs (Standard Form SF-424A) | _____ | _____ |
| <input type="checkbox"/> Assurances—Non-Construction Programs
(Standard Form SF-424B) | _____ | _____ |
| <input type="checkbox"/> Fact Sheet | _____ | _____ |
| <input type="checkbox"/> Program Summary | _____ | _____ |

CAPACITY BUILDING AND/OR CONFLICT RESOLUTION**APPLICATION CHECKLIST (continued)**

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
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TAB 1: Threshold Requirements

- | | | |
|--|-------|-------|
| <input type="checkbox"/> Threshold Checklist | _____ | _____ |
| <input type="checkbox"/> Written Agreement/Work Plan With Mediator
(Conflict Resolution only) | _____ | _____ |
| <input type="checkbox"/> Mediation Experience Certification AND one
referral agreement with a judicial, law
enforcement, or social service agency
OR a narrative on direct experience with
public or assisted housing residents. | _____ | _____ |
| <input type="checkbox"/> Proof of Applicant Nonprofit Status -- Copy of
Certification of Incorporation or Good Standing
from the State and Copy of IRS 501(c) designation | _____ | _____ |
| <input type="checkbox"/> Match Agreements -- Not less than 25% of
grant requested | _____ | _____ |
| <input type="checkbox"/> List of RAs to Receive Support | _____ | _____ |
| <input type="checkbox"/> Certification of Consistency and Compliance
with General SuperNOFA Threshold Requirements | _____ | _____ |

TAB 2: Program Description and Budget

- | | | |
|---|-------|-------|
| <input type="checkbox"/> Needs Assessment Report | _____ | _____ |
| <input type="checkbox"/> Program Activities Description | _____ | _____ |
| <input type="checkbox"/> Experience and Staffing—Narrative | _____ | _____ |
| <input type="checkbox"/> Chart A: CB/CR Grant Staffing | _____ | _____ |
| <input type="checkbox"/> Resumes | _____ | _____ |
| <input type="checkbox"/> Chart B: Applicant Track Record | _____ | _____ |
| <input type="checkbox"/> Budget and Cost Information Summary | _____ | _____ |
| <input type="checkbox"/> Chart C: Summary Budget Line Items | _____ | _____ |
| <input type="checkbox"/> Chart D: Budget Workplan Summary, Parts I and II | _____ | _____ |

CAPACITY BUILDING AND/OR CONFLICT RESOLUTION**APPLICATION CHECKLIST (continued)**

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
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TAB 3: Other Certifications and Assurances

(See Part VII of this Application Kit for all forms in this tab.)

- | | | |
|--|-------|-------|
| <input type="checkbox"/> Certification for a Drug-Free Workplace
(Form HUD-50070) | _____ | _____ |
| <input type="checkbox"/> Certification of Payments to Influence Federal
Transactions (Form HUD-50071) | _____ | _____ |
| <input type="checkbox"/> Disclosure of Lobbying Activities
(Form SF- LLL) and Disclosure of Lobbying
Activities Continuation Sheet (Form SF-LLL-A) | _____ | _____ |
| <input type="checkbox"/> Applicant/Recipient Disclosure/Update
Report (Form HUD-2880) | _____ | _____ |
| <input type="checkbox"/> Certification or Disbarment and Suspension
(Form HUD-2992) | _____ | _____ |
| <input type="checkbox"/> Acknowledgement of Application Receipt
(Form HUD-2993) | _____ | _____ |
| <input type="checkbox"/> Client Comments and Suggestions
(Form HUD-2994) | _____ | _____ |

ROSS FY 2000 FUNDING CAPACITY BUILDING AND/OR CONFLICT RESOLUTION

THRESHOLD CHECKLIST

Applicant: _____ **Date:** _____

You must address the following threshold requirements for your application to be complete and acceptable for rating and ranking. You can verify that information is included in your application kit by using a check mark in the space provided. Please note that HUD will also verify that information is included appropriately. (See ROSS NOFA, Section IV (B) (7) and General SuperNOFA Section II)

THRESHOLD REQUIREMENT	APPLICANT USE ONLY	HUD USE ONLY
1. Written Agreement/Work Plan with Mediator (Conflict Resolution only)	_____	_____
2. Mediation Experience Certification AND one referral agreement with a judicial, Law enforcement, or social service agency OR a narrative on direct experience with public or assisted housing residents. (Conflict Resolution only)	_____	_____
3. Proof of Applicant Nonprofit Status -- Copy of Certification of Incorporation or Good Standing from the State and Copy of IRS 501(c) designation	_____	_____
4. Match Agreements	_____	_____
5. List of RAs to Receive Training, Technical Assistance, or Supportive Services	_____	_____
6. Certification of Consistency and Compliance with General SuperNOFA Threshold Requirements	_____	_____
7. All Certifications and Assurances required by the General Section of the SuperNOFA are in Tab 3	_____	_____

**ROSS FY 2000 FUNDING
CAPACITY BUILDING AND/OR CONFLICT RESOLUTION**

Applicant:_____ **Date:**_____

Threshold Requirements

1. Written Agreement/Work Plan with Mediator. **Conflict Resolution applicants only** must develop a work plan with a professional mediator or mediation organization (mediator/partner) that outlines the roles and responsibilities of each party, as well as any compensation to the mediator/partner (which must be reasonable and based on the work to be performed). The work plan must specify that the mediator/partner will train grantee staff and/or volunteers such that the grantee staff and/or volunteers will be capable of providing mediation assistance independently by the end of the grant term.
2. Mediation Experience/Referral Agreement. **Conflict Resolution applicants only** must provide evidence that their mediator/partner has at least one year of experience in providing mediation services and at least one year of experience in mediation training. Include **either** one referral agreement with a judicial, law enforcement, or social service agency such as the court system or Welfare Department for mediation referral of public housing residents, **or** a narrative description of direct experience with public or assisted housing residents.

To demonstrate mediation experience, also complete the Certificate of Mediation Experience that follows. Please add partner agency names and signatures as necessary.

**ROSS FY 2000 FUNDING
CAPACITY BUILDING AND/OR CONFLICT RESOLUTION**

CERTIFICATE OF MEDIATION EXPERIENCE

All Conflict Resolution applicants must provide the following certification of their mediation/PHA partner's experience with providing mediation services and mediation training/grass roots intervention experience. All applicants must also attach **either** one referral agreement with a judicial, law enforcement, or social service agency such as the court system or Welfare Department for mediation referral of public housing residents, **or** a narrative description of direct experience with public or assisted housing residents.

The Applicant _____ **certifies that:**

_____ All mediator/PHA partners must have at least one year of experience in providing mediation services.

AND

_____ All mediator/PHA partners must have at least one year of experience in providing mediation training and/or effective grass roots intervention experience.

Applicant Signature

Date

Partner Agency Name

Date

Partner Signature

Partner Agency Name

Date

Partner Signature

**ROSS FY 2000 FUNDING
CAPACITY BUILDING AND/OR CONFLICT RESOLUTION**

Applicant: _____ **Date:** _____

3. Applicant Nonprofit Status. You must provide evidence that the applicant is both registered with the State as a nonprofit corporation **and** has 501(c) nonprofit corporation status with the United States Internal Revenue Service at the time of application submission.

Evidence of State registration shall be a copy of the Certificate of Incorporation or Certificate of Good Standing from the State government (i.e. Secretary of State or Secretary of Corporations). Evidence of an applicant's current 501(c) nonprofit status shall be a copy of the IRS's 501(c) designation.

4. Match Requirement. CB and CR applicants must supplement grants funds with an in-kind and/or cash match of not less than 25% of the grant amount. This match does not have to be a cash match. The match may include: the value of in-kind services, contributions or administrative costs provided to the applicant; funds from Federal sources (but not ROSS funds); funds from any State or local government sources; and funds from private contributions.

Both CB and CR applications must demonstrate that the cash or in-kind resources and services, which the applicant will use as match amounts (including resources from the applicant's Comprehensive Grant, other governmental units/agencies of any type, and/or private sources, whether for-profit or not-for-profit), are firmly committed and will support the proposed grant activities. "Firmly committed" means there must be a written agreement to provide the resources and services, signed by an official legally able to make commitments on behalf of the organization. The written agreement may be contingent upon an applicant receiving a grant award.

Attach all separate firm commitments that equal at least 25% of the CB/CR grant amount requested. See the NOFA Section IV (B)(7)(e) for guidelines on valuing in-kind contributions.

5. List of RAs to Receive Support. In both CB and CR applications, eligible applicants **must** list in their application the name of the RAs that will receive training, technical assistance and/or coordinated supportive services **and** must submit letters of support from each entity identified in the application. Also acceptable is one statement of support for the application that is signed by each Resident Association to be served.

**ROSS FY 2000 FUNDING
CAPACITY BUILDING AND/OR CONFLICT RESOLUTION**

Applicant: _____

Date: _____

6. General SuperNOFA Threshold Requirements {Section II (B), (C), (D), (F), & (H)}.

You must be in compliance with all fair housing and civil rights laws, statutes, regulations, and executive orders as enumerated in 24 CFR 5.105(a). If you, the applicant, **(a)** have been charged by the Secretary with a systemic violation of the *Fair Housing Act* alleging ongoing discrimination, **(b)** are the defendant in a *Fair Housing Act* lawsuit filed by the Department of Justice alleging an ongoing pattern or practice of discrimination, or **(c)** have received a letter of noncompliance findings under Title VI of the *Civil Rights Act*, Section 504 of the *Rehabilitation Act*, or Section 109 of the *Housing and Community Development Act*, then you are not eligible to apply for funding under this NOFA until you resolve such charge, lawsuit, or letter of findings to the satisfaction of HUD. HUD will verify the applicant's compliance with this portion of the General SuperNOFA thresholds. You are **not** required to submit any documentation in your application.

To meet the additional General SuperNOFA Threshold Requirements, you **must** complete the following Certification of Consistency and Compliance with General SuperNOFA Requirements.

**ROSS FY 2000 FUNDING
CAPACITY BUILDING AND/OR CONFLICT RESOLUTION**

***Certification of Consistency and Compliance with General
SuperNOFA Threshold Requirements***

I CERTIFY that the proposed CB or CR activities will be consistent with the following and comply with all statutes, regulations, and U.S. Department of Housing and Urban Development guidance related to the following:

1. **Economic Opportunities for Low and Very Low-Income Persons.** Section 3 of the *Housing and Urban Development Act of 1968*, 12 U.S.C. sec. 1791u, Economic Opportunities for Low and Very Low-Income Persons; HUD regulations at 24 CFR part 135, including but not limited to subpart E and G reporting requirements; and any Section 3 employment, housing opportunity, or other plan adopted by the Housing Agency.
2. **Affirmatively Furthering Fair Housing.** Affirmative duty to further fair housing, including elimination of impediments to fair housing; the local jurisdiction or regional Analysis of Impediments to Fair Housing Choice; and the affirmative duty to carry out activities proposed specifically in your application to address the furtherance of fair housing.
3. **Uniform Relocation.** *Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970*, as amended (URA) and implementing regulations at 49 CFR part 24.
4. **Nondiscrimination.** The *Americans with Disabilities Act*, Title IX of the *Education Amendments Act of 1972*, *Fair Housing Act*, Title VI of the *Civil Rights Act of 1964*, section 504 of the *Rehabilitation Act of 1973*, and the *Age Discrimination Act of 1975*.
5. **Cost Principles.** OMB Circular No. A-122 (Cost Principles for Nonprofit Organizations) or OMB Circular No. A-87 (Cost Principles for Local Units of Government), as appropriate.

Signed this _____ day of _____, 2000.

By: _____
Applicant Chief Executive Officer or Other Authorized Representative

For: _____

Chart A: CB/CR GRANT STAFFING Applicant Name: _____

I. APPLICANT				
Name of Staff Person	Organization and Position	Role in Grant Program	Percent of Time on Grant	Cost to Grant

II. CONTRACTOR ROLE		
Type of Contractor to be Solicited	Role in Grant Program	Estimated Cost to Grant Program

Chart B: CB/CR Applicant Track Record
Applicant: _____

Program	Project Number	% of Term Complete	% of Funds Drawn Down	Major Goal #1	Percent Complete	Major Goal #2	Percent Complete

**ROSS FY 2000 FUNDING
CAPACITY BUILDING AND/OR CONFLICT RESOLUTION**

**CHART C
CB/CR SUMMARY BUDGET LINE ITEMS**

Applicant Name: _____ **Date:** _____

Check the appropriate line items for the grant for which you are applying.

Capacity Building

_____ 3000	Capacity Building Activities
_____ 3010	Training
_____ 3011	Consultants
_____ 3012	Other
_____ 9100	Travel Costs
_____ 9400	Administrative Costs

Conflict Resolution

_____ 4000	Mediation Activities
_____ 4010	Establishment of Violence Free Zones
_____ 4011	Youth Services Activities
_____ 4012	Resident/PHA Issues
_____ 4013	Development of Materials
_____ 4014	Training for Mediation/Reconciliation
_____ 4015	Technical Assistance to RAs
_____ 9100	Travel Costs
_____ 9400	Administrative Costs

CHART D: BUDGET WORK PLAN SUMMARY -PART I (Capacity Building or Conflict Resolution) Applicant Name:

BUDGET LINE ITEM Include grant funding totals in each bolded line item.	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	CB/CR GRANT FUNDS	NON-CB/CR PARTNER FUNDS	ACTIVITY START/END DATE
3000 Capacity Building Activities				
TOTAL: \$				
3010				
Training				
3011				
Consultants				
3012				
Other				
9100 Travel Costs				
TOTAL: \$				
9400 Administrative Costs				
TOTAL: \$				

CHART D: BUDGET WORK PLAN SUMMARY-PART I (Continued)

BUDGET LINE ITEM Include grant funding totals in each bolded line item.	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	CB/CR GRANT FUNDS	NON- CB/CR PARTNER FUNDS	ACTIVITY START/END DATE
4000 Mediation Activities				
TOTAL: \$				
4010				
Establishment of Violence				
Free Zones				
4011				
Youth Services Activities				
4012				
Resident/PHA Issues				
4013				
Development of Materials				
4014				
Training for Mediation/ Reconciliation				
4015				
Technical Assistance to RAs				

CHART D: BUDGET WORK PLAN SUMMARY-PART I (Continued)

BUDGET LINE ITEM Include grant funding totals in each bolded line item.	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	CB/CR GRANT FUNDS	NON- CB/CR PARTNER FUNDS	ACTIVITY START/END DATE
9100 Travel Costs TOTAL: \$				
9400 Administrative Costs TOTAL: \$				

Chart D: CB/CR Budget Work Plan Summary - Part II (Capacity Building)

Please insert below the totals for each Summary Budget Line Item to be included in your **Capacity Building** grant. These totals can be found in the far left column on Part I of the chart above.

SUMMARY BUDGET LINE ITEMS	CB GRANT TOTAL
3000 Capacity Building Activities	\$
9100 Travel Costs	\$
9400 Administrative and Other Costs	\$
TOTAL of all Capacity Building Funds Requested	\$

Chart D: CB/CR Budget Work Plan Summary - Part II (Conflict Resolution)

Please insert below the totals for each Summary Budget Line Item to be included in your **Conflict Resolution** grant. These totals can be found in the far left column on Part I of the chart above.

SUMMARY BUDGET LINE ITEMS	CR GRANT TOTAL
4000 Mediation Services	\$
9100 Travel Costs	\$
9400 Administrative and Other Costs	\$
TOTAL of all Conflict Resolution Funds Requested	\$

ROSS FY 2000 FUNDING RESIDENT SERVICE DELIVERY MODELS

APPLICATION CHECKLIST

I CERTIFY that the following application checklist is complete and that it accurately reflects the contents of my application.

Signed this _____ day of _____, 2000.

By: _____
Applicant Chief Executive Officer or Other Authorized Representative

For Applicant: _____

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
------------	-----------------------	-----------------

COVER MATERIALS (See Part II of this application kit for forms in this tab.)

- | | | |
|---|-------|-------|
| <input type="checkbox"/> Application Checklist | _____ | _____ |
| <input type="checkbox"/> Application Cover Sheet | _____ | _____ |
| <input type="checkbox"/> Application for Federal Assistance
(Standard Form SF-424) | _____ | _____ |
| <input type="checkbox"/> Federal Assistance Funding Matrix
(Standard Form SF-424M) | _____ | _____ |
| <input type="checkbox"/> Standard Form for Budget Information—
Non-Construction Programs (SF-424A) | _____ | _____ |
| <input type="checkbox"/> Assurances – Non-Construction
Programs (Form SF-424B) | _____ | _____ |
| <input type="checkbox"/> Fact Sheet | _____ | _____ |
| <input type="checkbox"/> Program Summary | _____ | _____ |

TAB 1: Threshold Requirements

- | | | |
|--|-------|-------|
| <input type="checkbox"/> Threshold Checklist | _____ | _____ |
| <input type="checkbox"/> Certification on Resident Affected by Welfare
Reform (Family RSDM Applicants Only) | _____ | _____ |
| <input type="checkbox"/> Elderly Housing Development Certification
(Elderly RSDM Applicants Only) | _____ | _____ |

ROSS FY 2000 FUNDING RESIDENT SERVICE DELIVERY MODELS

APPLICATION CHECKLIST (Continued)

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
<input type="checkbox"/> Accessible Community Facility—Executed Use Agreement or MOU	_____	_____
<input type="checkbox"/> Match Agreements-Not less than 25% of grant requested	_____	_____
<input type="checkbox"/> Physical Improvements (Only for applicants proposing physical improvements) --A description of the renovation or conversion to be conducted, along with a budget and timetable for those activities --A firm commitment of assistance from one or more sources enduring that supportive services will be provided for not less than 2 years following the completion of renovation, conversion, or repair activities.	_____	_____
<input type="checkbox"/> Contract Administrator Signed Statement	_____	_____
<input type="checkbox"/> Proof of Nonprofit Status (RA, IRO, and Nonprofit Applicants Only)	_____	_____
<input type="checkbox"/> Certification of Resident Council Board Election (RA Applicants Only)	_____	_____
<input type="checkbox"/> List of RAs to Be Served	_____	_____
<input type="checkbox"/> Certification of Consistency and Compliance with General SuperNOFA Threshold Requirements Certification	_____	_____

TAB 2: Capacity of the Applicant and Relevant Organizational Experience

<input type="checkbox"/> Chart A: Program Staffing	_____	_____
<input type="checkbox"/> Narrative on proposed staffing and coordination among service providers	_____	_____
<input type="checkbox"/> Chart B: Applicant/Administrator Track Record	_____	_____
<input type="checkbox"/> Organization Chart	_____	_____
<input type="checkbox"/> Staff Position Descriptions	_____	_____
<input type="checkbox"/> Staff Resumes	_____	_____

ROSS FY 2000 FUNDING RESIDENT SERVICE DELIVERY MODELS

APPLICATION CHECKLIST (Continued)

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
<input type="checkbox"/> Narrative on program administration and fiscal management structure	_____	_____
TAB 3: Needs/Extent of Problem		
<input type="checkbox"/> Needs Assessment Report	_____	_____
<input type="checkbox"/> Narrative on level of priority in Consolidated Plan	_____	_____
TAB 4: Soundness of Approach		
<input type="checkbox"/> Narrative describing proposed services	_____	_____
<input type="checkbox"/> Narrative on resident contracting and employment	_____	_____
<input type="checkbox"/> Chart C: Summary Budget Line Items	_____	_____
<input type="checkbox"/> Chart D: Budget Work Plan Summary, Parts I and II	_____	_____
<input type="checkbox"/> Narrative on program assessment	_____	_____
<input type="checkbox"/> Narrative on resident involvement and other partnerships	_____	_____
<input type="checkbox"/> Narrative on relationship coordination	_____	_____
TAB 5: Leveraging Resources		
<input type="checkbox"/> Narrative on the contributions, roles, and responsibilities of each partner	_____	_____
TAB 6: Comprehensiveness and Coordination		
<input type="checkbox"/> Narrative demonstrating review of Consolidated Plan	_____	_____
<input type="checkbox"/> Narrative summarizing State or local welfare plan	_____	_____
<input type="checkbox"/> Narrative on coordination with other activities	_____	_____
<input type="checkbox"/> Certification of Consistency w/ the Consolidated Plan	_____	_____

ROSS FY 2000 FUNDING RESIDENT SERVICE DELIVERY MODELS

APPLICATION CHECKLIST (Continued)

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
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TAB 7: Bonus Points

- ☐ EZ/EC Certification

TAB 8: Other Certifications and Assurances

(See Section VII of this Application Kit for all forms in this tab.)

- ☐ Certification for a Drug-Free Workplace
(Form HUD-50070)
- ☐ Certification of Payments to Influence
Federal Transactions (Form HUD 50071)
- ☐ Disclosure of Lobbying Activities (Form SF- LLL)
and Disclosure of Lobbying Activities Continuation
Sheet (Form SF-LLL-A)

- ☐ Applicant/Recipient Disclosure/Update Report
(Form HUD-2880)

- ☐ Certification or Disbarment and Suspension
(Form HUD-2992)

- ☐ Acknowledgement of Application Receipt
(Form HUD-2993)

- ☐ Client Comments and Suggestions (Form HUD-2994)

ROSS FY 2000 FUNDING RESIDENT SERVICE DELIVERY MODELS

THRESHOLD CHECKLIST

Applicant: _____

Date: _____

You must address the following threshold requirements for your application to be complete and acceptable for rating and ranking. You can verify that information is included in your application kit by using a check mark in the space provided. Please note that HUD will also verify that information is included appropriately. (See NOFA, Section V (G) and General SuperNOFA Section II).

THRESHOLD REQUIREMENT	APPLICANT USE ONLY	HUD USE ONLY
1. Certification on Residents Affected by Welfare Reform (Family applicants only)	_____	_____
2. Elderly Housing Development Certification (Elderly applicants only)	_____	_____
3. Accessible Community Facility-- Executed Use Agreement or MOU	_____	_____
4. Match Agreements	_____	_____
5. Physical Improvements (Only for applicants proposing physical improvements)	_____	_____
6. Contract Administrator Signed Statement	_____	_____
7. Proof of Applicant Nonprofit Status (RA and non-profit applicants only)	_____	_____
8. Certification of Resident Board Election (RA applicants only)	_____	_____
9. List of RAs to be Served	_____	_____
10. Certification of Consistency and Compliance with General SuperNOFA Threshold Requirements Certification	_____	_____

**ROSS FY 2000 FUNDING
RESIDENT SERVICE DELIVERY MODELS**

Applicant: _____

Date: _____

THRESHOLD REQUIREMENTS

1. Focus on Residents Affected by Welfare Reform. This requirement is not applicable to your program if it serves the elderly or persons with disabilities. Your Family RSDM application must contain a certification (using the certification provided below) that at least 51% of residents to be included in your proposed program are affected by welfare reform.

**RSDM CERTIFICATION ON RESIDENTS AFFECTED
BY WELFARE REFORM**

I certify that a total of _____ people reside in the housing developments listed below, which are targeted for activities during the proposed RSDM grant.

This proposed RSDM grant will serve a total of _____ residents. Included in the recipients to be served are residents affected by welfare reform who are either:

(1) Currently eligible to receive, are currently receiving, or shall have received within the preceding 4 years assistance or services funded under Temporary Assistance for Needy Families (TANF), SSI, or Food Stamps.

(2) Elderly or disabled persons, otherwise not affected by welfare reform, who will provide services such as child care or mentoring to families affected by welfare reform.

I certify that _____ % of residents to be served are affected by welfare reform, as defined above. **At least 51% of residents must be affected by welfare reform for your application to meet the threshold requirement of this NOFA.**

Signed this _____ day of _____, 2000.

By: _____
Applicant Executive Director or other Authorized Representative

For: _____
Applicant Name

**ROSS FY 2000 FUNDING
RESIDENT SERVICE DELIVERY MODELS**

Applicant: _____

Date: _____

2. Elderly Housing Development Certification. You must certify that at least 25% of the residents in the development(s) proposed for the grant activities are elderly and/or non-elderly people with disabilities.

**RSDM ELDERLY HOUSING
DEVELOPMENT CERTIFICATION**

I CERTIFY that _____% of the residents in the development(s) proposed for the grant activities are elderly and/or non-elderly people with disabilities at the time of the application; thereby meeting or exceeding the 25% requirement.

Signed this _____ day of _____, 2000.

By: _____
*Applicant Executive Director or other Authorized Representative*For: _____
Applicant Name

ROSS FY 2000 FUNDING RESIDENT SERVICE DELIVERY MODELS

Applicant: _____

Date: _____

7. Applicant Nonprofit Status. Both RA and nonprofit applicants (including Intermediary Resident Organizations) must submit evidence that the applicant is registered with the State as a nonprofit corporation at the time of application submission. Nonprofit applicants (including Intermediary Resident Organizations) also must have Section 501(c) nonprofit corporation status with the United States Internal Revenue Service at the time of application submission.

Evidence of State incorporation for all nonprofit applicants shall be a copy of the Certificate of Incorporation or Certificate of Good Standing from the State government (Secretary of State or Secretary of Corporations). Evidence of a nonprofit applicant's 501(c) status shall be a copy of the IRS 501(c) designation.

8. Certification of Resident Board Election. RA applicants must submit certification of the RA board election as required by HUD, signed by the local PHA and/or an independent third-party monitor and notarized.

Certification of Resident Council Board Election

I CERTIFY _____
(name of organization)

located in _____ has duly elected all
(city & state)

of Resident Council Officers as required by the U.S. Department of Housing and Urban Development, 24 Code of Federal Regulations (CFR), Part 964.

Date of Last Resident Council Board Election: _____

(Name and Title of Certifying Housing Agency Official)

(Signature) (Date)

(Name and Title of Independent Third-Party Monitor)

(Signature) (Date)

NOTARY (Signature & Date) _____

FY 2000 Resident Service Delivery Models

[illegible]

**ROSS FY 2000 FUNDING
RESIDENT SERVICE DELIVERY MODELS**

**CERTIFICATION OF CONSISTENCY AND COMPLIANCE WITH
GENERAL SUPERNOFA THRESHOLD REQUIREMENTS**

I CERTIFY that the proposed RSDM activities will be consistent with the following and comply with all statutes, regulations, and U.S. Department of Housing and Urban Development guidance related to the following:

1. **Economic Opportunities for Low and Very Low-Income Persons.** Section 3 of the *Housing and Urban Development Act of 1968*, 12 U.S.C. sec. 1791u, Economic Opportunities for Low and Very Low-Income Persons; HUD regulations at 24 CFR part 135, including but not limited to subpart E and G reporting requirements; and any Section 3 employment, housing opportunity, or other plan adopted by the Housing Agency.
2. **Affirmatively Furthering Fair Housing.** Affirmative duty to further fair housing, including elimination of impediments to fair housing; the local jurisdiction or regional Analysis of Impediments to Fair Housing Choice; and the affirmative duty to carry out activities proposed specifically in the RMBD application to address the furtherance of fair housing.
3. **Uniform Relocation.** *Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970*, as amended (URA) and **implementing** regulations at 49 CFR part 24.
4. **Nondiscrimination.** The *Americans with Disabilities Act*, Title IX of the *Education Amendments Act of 1972*, *Fair Housing Act*, Title VI of the *Civil Rights Act of 1964*, section 504 of the *Rehabilitation Act of 1973*, and the *Age Discrimination Act of 1975*.
5. **Cost Principles.** OMB Circular No. A-122 (Cost Principles for Nonprofit Organizations) or OMB Circular No. A-87 (Cost Principles for Local Units of Government), as appropriate.

Signed this _____ day of _____, 2000.

By: _____
Applicant Chief Executive Officer or Other Authorized Representative

For: _____
Applicant

Chart A: RSDM GRANT STAFFING

Applicant Name: _____

I. APPLICANT STAFF				
Name of Staff Person	Organization and Position	Role in Grant Program	Percent of Time on Grant	Cost to Grant
Budget line item 2005 Program Coordination				
II. CONTRACTOR/CONSULTANT ROLE				
Type of Contractor to be Solicited	Role in Grant Program	Estimated Cost to Grant Program		
III. Contract Administrator				
Budget Line Item 9300 Contract Administrator				

Chart B: RSDM Applicant/Administrator Track Record
Applicant: _____

Program	Project No.	% of Term Complete	% of Funds Draw Down	Major Goal #1	% Complete	Major Goal #2	% Complete

ROSS FY 2000 FUNDING RESIDENT SERVICE DELIVERY MODELS

Chart C RSDM SUMMARY BUDGET LINE ITEMS

Applicant Name: _____ **Date:** _____

Please check specific budget amounts for each line item. These budget line items and amounts will be programmed into HUD's Line of Credit Control System (LOCCS) for designating and tracking uses of grant drawdowns.

BUDGET LINE ITEM		AMOUNT
2005	Program Coordinator	_____
2010	Physical Improvements	_____
2020	Entrepreneur Business Development	_____
2021	Establishing A Revolving Loan Fund	_____
2022	Developing a Credit Union	_____
2030	Business Development	_____
2031	Develop Business Plan	_____
2032	Conduct Market Analysis	_____
2033	Secure Licensing, Insurance, Bonding	_____
2034	Training Related to Resident Owned Business	_____
2035	Establishment of Resident Managed Business Development	_____
2040	Resident Organization Development Activities	_____
2041	Organize Community	_____
2042	Operating Procedures	_____
2043	Develop MOU	_____
2044	Develop Plan for Technical Assistance	_____
2045	Consultant Contracts	_____
2046	Self Sufficiency Programs	_____
2050	Resident Management	_____
2051	Conduct Feasibility Study	_____
2052	Secure Training/Skills/Expertise	_____
2053	Develop MOU	_____
2054	Consultant	_____
2055	Secure T/A to Draft Contract	_____
2056	Negotiate Contract with PHA	_____
2057	Conduct Resident Training Preparation	_____

SUMMARY BUDGET INFORMATION (continued)

2060	Self Sufficiency Program	_____
2061	Program Coordinator	_____
2062	Physical Improvements	_____
2063	Employment and Job Readiness	_____
2064	Job Training	_____
2065	Management Related Employment Training	_____
2066	Vocational Training	_____
2067	Technical Assistance	_____
2070	Family Supportive Services	_____
2870	Elderly Supportive Services	_____
9100	Travel Costs	_____
9200	Other Resident Costs	_____
	(Stipends, Reimbursements)	_____
9300	Contract Administrator	_____
9400	Administrative and Other Costs	_____

Applicant Name:

BUDGET LINE ITEM For each bolded line item, enter total grant funds	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	RSDM GRANT FUNDS	NON-RSDM/ PARTNER FUNDS	ACTIVITY START/END DATE
2005 Program Coordinator TOTAL: \$				
2010 Physical Improvements TOTAL: \$				
2020 Entrepreneur Bus. Dev. TOTAL: \$				
2021 Establish a Revolving Loan Fund				
2022 Develop a Credit Union				
2030 Business Development TOTAL: \$				
2031 Develop Business Plan				
2032 Conduct Market Analysis				
2033 Secure Licensing, Insurance, Bonding				

CHART D: RSDM Budget Workplan Summary – Part I (continued)

BUDGET LINE ITEM For each bolded line item, enter total grant funds	ACTIVITIES (Identify lead agency: Housing Authority, Contractor, Subgrantee, or other partners)	RSDM GRANT FUNDS	NON-RSDM/ PARTNER FUNDS	ACTIVITY START/END DATE
2034 Training Related to Resident Owned Business				
2035 Establishment of Resident Managed Business Development				
2040 Resident Organization Development Activities TOTAL: \$				
2041 Organize Community				
2042 Operating Procedures				
2043 Develop MOU				
2044 Develop Plan for Technical Assistance				

CHART D: RSDM Budget Workplan Summary – Part I (continued)

BUDGET LINE ITEM For each bolded line item, enter total grant funds	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	RSDM GRANT FUNDS	NON-RSDM/ PARTNER FUNDS	ACTIVITY START/END DATE
2045 Consultant Contracts				
2046 Self Sufficiency Programs				
2050 Resident Management TOTAL: \$				
2051 Conduct Feasibility Study				
2052 Secure Training/Skills/ Expertise				
2053 Develop MOU				
2054 Consultant				

CHART D: RSDM Budget Workplan Summary – Part I (continued)

BUDGET LINE ITEM For each bolded line item, enter total grant funds	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	RSDM GRANT FUNDS	NON-RSDM/ PARTNER FUNDS	ACTIVITY START/END DATE
2055 Secure T/A to Draft Contract				
2056 Negotiate Contract with PHA				
2057 Conduct Resident Training Preparation				
2060 Self Sufficiency Program				
TOTAL: \$				
2061 Program Coordinator				
2062 Physical Improvements				
2063 Employment and Job Readiness				

CHART D: RSDM Budget Workplan Summary -- Part I (continued)

BUDGET LINE ITEM For each bolded line item, enter total grant funds	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	RSDM GRANT FUNDS	NON-RSDM/ PARTNER FUNDS	ACTIVITY START/END DATE
2064 Job Training				
2065 Management Related Employment Training				
2066 Vocational Training				
2067 Technical Assistance				
2070 Family Supportive Svcs TOTAL: \$				
2870 Elderly Supportive Svcs TOTAL: \$				
9100 Travel Costs TOTAL: \$				
9200 Other Resident Costs (Stipends, Reimbursements) TOTAL: \$				

CHART D: RSDM Budget Workplan Summary -- Part I (continued)

BUDGET LINE ITEM For each bolded line item, enter total grant funds	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	RSDM GRANT FUNDS	NON-RSDM/ PARTNER FUNDS	ACTIVITY START/END DATE
9300 Contract Administrator				
TOTAL: \$				
9400 Admin. & Other Costs				
TOTAL: \$				

Chart D: RSDM Budget Workplan Summary - Part II

Please insert below the totals for each Summary Budget Line Item to be included in your grant. These totals can be found in the far left column on Part I of the chart above.

SUMMARY BUDGET LINE ITEMS	RSDM GRANT TOTAL
2005 Program Coordinator	\$
2010 Physical Improvements	\$
2020 Entrepreneur Business Development	\$
2030 Business Development	\$
2040 Resident Organization Development Activities	\$
2050 Resident Management	\$
2060 Self Sufficiency Programs	\$
2070 Family Supportive Services	\$
2870 Elderly Supportive Services	\$
9100 Travel Costs	\$
9200 Other Resident Costs (Stipends, Reimbursements, etc.)	\$
1060 Supportive Services	\$
9100 Travel Costs	\$
9300 Contract Administrator	\$
9400 Administrative and Other Costs	\$
TOTAL of all RSDM Funds Requested	\$

ROSS FY 2000 FUNDING SERVICE COORDINATORS

APPLICANT CHECKLIST

I **CERTIFY** that the following application checklist is complete and that it accurately reflects the contents of my application.

Signed this _____ day of _____, 2000.

By : _____
Applicant Chief Executive Officer or Other Authorized Representative

For Applicant: _____

Submit a copy of this form with your application.

- ☐ **Cover Materials (See Part II or Part VII of this application kit for some forms in this tab.)**
 - ☐ Application Checklist
 - ☐ Application Cover Sheet
 - ☐ Request Letter
 - ☐ Lead agency letter form (if applicable)
 - ☐ Application for Federal Assistance - Standard Form SF-424
 - ☐ Federal Assistance Funding Matrix - Standard Form 424-M
 - ☐ Budget Information – Non-Construction Programs – Standard Form SF-424A
 - ☐ Assurances – Non-Construction Programs (Form SF-424B)
 - ☐ Chart A: Summary Budget Line Items
- ☐ **TAB 1: Threshold Requirements**
 - ☐ Elderly Housing Development Certification
 - ☐ Accessible Community Facility evidence and description
 - ☐ Match Agreements – not less than 25% of grant amount
 - ☐ Certification of Consistency and Compliance with General SuperNOFA Threshold Requirements

ROSS FY 2000 FUNDING SERVICE COORDINATORS

- ❑ **TAB 2: Certifications and Assurances (See Part VII of this application kit.)**
 - ❑ Certification for a Drug-Free Workplace (Form HUD-50070)
 - ❑ Certification of Payments to Influence Federal Transactions (Form HUD-50071)
 - ❑ Disclosure of Lobbying Activities (Form SF- LLL) and Disclosure of Lobbying Activities Continuation Sheet (Form SF-LLL-A)
 - ❑ Applicant/Recipient Disclosure/Update Report (Form HUD-2880)
 - ❑ Certification or Disbarment and Suspension (Form HUD-2992)
 - ❑ Acknowledgement of Application Receipt

**ROSS FY 2000 FUNDING
SERVICE COORDINATORS****REQUEST LETTER FORMAT**

Dear _____ Date: _____
Director, Public Housing

The following is my request for a one-year Service Coordinator renewal grant. I am requesting a total grant amount of \$_____.

I. APPLICANT AND DEVELOPMENT(S)

1. PHA name and address:
2. Development name(s) and address(s):

3. Development number(s) and Congressional District(s):

4. Did you have a FY 1995 Elderly Service Coordinator grant? ___Yes ___No.

II. DEVELOPMENT INFORMATION

1. Total Number of Units Occupied by the Elderly and/or Persons with Disabilities: ____.
2. Total Number of Residents: ____.
3. Estimated Number Frail Elderly and Persons with Disabilities: ____.
4. Estimated Number At-Risk Elderly: ____.
5. Applicant will contract out for a Service Coordinator. ___Yes ___No